

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request
U.S. E PA/ Office of Enforcement and Compliance Assurance

2. OMB control number b. **G** None
a 2060 - 0040 _ _ _ _ _

3. Type of information collection (*check one*)
a. **G** New collection
b. **G** Revision of a currently approved collection
c. **X** Extension of a currently approved collection
d. **G** Reinstatement, **without change**, of a previously approved collection for which approval has expired
e. **G** Reinstatement, **with change**, of a previously approved collection for which approval has expired
f. **G** Existing collection in use without an OMB control number

4. Type of review requested (*check one*)
a. **X** Regular
b. **G** Emergency - Approval requested by: / /
c. **G** Delegated

5. Small entities
Will this information collection have a significant economic impact on a substantial number of small entities? **G** Yes **X** No

For b-f, note item A2 of Supporting Statement Instructions

6. Requested expiration date
a. **X** Three years from approval date b. **G** Other Specify: / /

7. Title NSPS Subpart E: Standards of Performance for Incinerators

8. Agency form number(s) (*If applicable*)
EPA No. 1058.07

9. Keywords Incinerators, new source performance standards, air pollution, pollution control, environmental monitoring, pollution monitoring , and municipal combustors

10. Abstract Respondents are owners or operators of new and existing incinerators that charge more than 45 megagrams per day (50 tons per day) of solid waste after promulgation of NSPS Subpart E in 1971. Owners or operators of the affected facilities described must make one-time-only notifications. Owners or operators are also required to maintain records of the occurrence and duration of any startup, shutdown, or malfunction in the operation of an affected facility, or any period during which the monitoring system is inoperative. Monitoring requirements specific to NSPS Subpart E provide information on daily charging rates and hours of operation. Any owner or operator subject to the provisions of this part shall maintain a file of these measurements, and retain the file for at least two years following the date of such measurements, maintenance reports, and records.

It is estimated that no additional sources per year will become subject to NSPS Subpart E in the next three years because no growth in the industry is expected.

11. Affected public (*Mark primary with "P" and all others that apply with "X"*)
a. Individuals or households d. Farms
b. **P** Business or other for-profit e. Federal Government
c. Not-for-profit institutions f. State, Local or Tribal Government

12. Obligation to respond (*Mark primary with "P" and all others that apply with "X"*)
a. **G** Voluntary
b. **G** Required to obtain or retain benefits
c. **P** Mandatory

13. Annual reporting and recordkeeping hour burden
a. Number of respondents 96
b. Total annual responses 96
 1. Percentage of these responses
 collected electronically 7 %
c. Total hours requested 8544
d. Current OMB inventory 8544
e. Difference 0
f. Explanation of difference
 1. Program Change _____
 2. Adjustment 0

14. Annual reporting and recordkeeping cost burden (*in thousands of dollars*)
a. Total annualized capital/startup costs 0
b. Total annual costs (O&M) 240
c. Total cost requested 240
d. Current OMB inventory 240,000
e. Difference 239,760
f. Explanation of difference
 1. Program change _____
 2. Adjustment Previous ICR erroneously accounted for \$240,000,000 in O&M costs rather than \$240,000. The adjustment corrects this error.

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input checked="" type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input checked="" type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biannually 8. <input checked="" type="checkbox"/> Other (describe) <u>One-time Reports, Daily, Monthly</u></p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Joyce Chandler</u></p> <p>Phone: <u>(202) 564-7073</u></p>